

MICHIGAN DEPARTMENT OF CORRECTIONS ADULT LEARNING PLAN (Effective 7/1/2012) CSJ-683 REV. 6-12

*Optional

Program Year: _____

Shaded Items: Data reported at ENTRY which remains unchanged during registration period

Planned End of Service Date: _____

Program Provider Code 3000 100 10	Provider Name MICHIGAN DEPARTMENT OF CORRECTIONS	Registration Date
PROGRAM TYPE: <input checked="" type="checkbox"/> State Correctional Facility	Facility/Site	Teacher (First & Last Name)

Local Student Number MDOC _____	*Social Security Number ____ - ____ - ____	*UIC Number
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Participant Name Last _____ First _____ MI _____	*Maiden Name
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Address 206 East Michigan Avenue	City Lansing	State MI	Zip Code 48933	Telephone Number 517-373-0287	County	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Date or Birth (mm/dd/yyyy)	Age	Place of Birth (City and State, or City and County)	GED TESTS AT ENTRY: (# of <u>Actual</u> GED Tests Previously Passed at Entry)
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Number of Preschool-Aged Children: Number of School-Age Children (K-12): 	ETHNICITY Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	HIGHEST DEGREE OR LEVEL OF SCHOOL COMPLETED AT ENTRY (INDICATE IF US OR NON-US) Select one:		ADDITIONAL STATUS MEASURES AT ENTRY	LABOR STATUS AT ENTRY: <input checked="" type="checkbox"/> Not in the Labor Force
	RACIAL GROUP (Select one or more that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12 (no diploma) <input type="checkbox"/> HS Diploma/alternate credential <input type="checkbox"/> GED <input type="checkbox"/> Some college, no degree <input type="checkbox"/> College or professional degree <input type="checkbox"/> Unknown	Select one: <input type="checkbox"/> US Based Schooling <input type="checkbox"/> Non-US Based Schooling	<input type="checkbox"/> Receiving Public Assistance <input type="checkbox"/> Disabled <input type="checkbox"/> Living in a Rural Area <input type="checkbox"/> Low Income <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled	

INSTRUCTIONAL AREA	DATE OF CLASS ENROLLMENT	PROGRAM FUNDING SOURCES
<input type="checkbox"/> Adult Basic Education		<input checked="" type="checkbox"/> Federal—Institutional
<input type="checkbox"/> English As a Second Language		<input type="checkbox"/> Federal—EL Civics (Check only for ESL Students)
<input type="checkbox"/> GED		<input checked="" type="checkbox"/> Other: State—MDOC

PARTICIPANT PRIMARY GOALS: Select as many goals as applicable and the program year(s) the goal was selected.	PARTICIPANT OUTCOMES: Identify ALL outcomes achieved by this participant and the program year(s) the outcome was achieved
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GOALS	Program Year Goal Selected	OUTCOMES ACHIEVED	Program Year(s) Outcome Achieved
Educational Gain: 1 EFL Gain (Required Goal - Must select one) <input type="checkbox"/> Improve Basic Literacy Skills (non-ESL programs) <input type="checkbox"/> Improve English Skills (ESL programs)		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Function at or Above 9 th Grade Level (ABE Only)		<input type="checkbox"/>	
<input type="checkbox"/> Achieve English Language Proficiency (ESL Only)		<input type="checkbox"/>	
<input type="checkbox"/> Pass One or More Official GED Test		<input type="checkbox"/>	
<input type="checkbox"/> Obtain a GED		<input type="checkbox"/>	

<input type="checkbox"/> POST-TEST MINIMUM HOUR REQUIREMENT WAIVER (if applicable): Participant obtained GED and was post-tested PRIOR to the minimum number of hours required		
Date Waiver Granted	Name of Program Official Authorizing the Waiver	Title of Program Official Authorizing the Waiver

VERIFICATION OF PARTICIPANT INVOLVEMENT: The participant was actively involved in the development of this ALP and, with counseling from the adult education provider, was actively involved in selecting appropriate goals.			
Verified By:	Name of Agency Official	Title of Agency Official	Date

EXIT STATUS (END OF SERVICE): To be completed when the participant has exited from all adult education services.

Check one of the following:		
<input type="checkbox"/> Participant Completed and Does Not Plan to Continue – Participants who made an educational gain or achieved their goal and do not plan to continue in the program.		
<input type="checkbox"/> Participant Separated Before Completion - Participants who separate from the program prior to the end of a program year and did not receive services for 90 days, without having made an educational gain or achieved their goal. Indicate reason for separation:		
<input type="checkbox"/> Deceased	<input type="checkbox"/> Other Known Reasons	<input type="checkbox"/> Unknown
Exit Date: _____		
GED TESTS AT EXIT	Total # of <u>Actual</u> GED Tests TAKEN at Exit:	Total # of <u>Actual</u> GED Tests PASSED at Exit: